

Accelerating the Fight Against Malaria

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The President's Initiative

On June 30, 2005, President Bush challenged the world to reduce the burden of malaria dramatically as a major killer of children in sub-Saharan Africa, and pledged to increase funding of malaria prevention and treatment by more than \$1.2 billion over five years. The goal of this effort is reduce malaria deaths by 50 percent in each of the target countries after three years of full implementation.

To launch this initiative, the United States will significantly expand resources for malaria in Angola, Tanzania and Uganda beginning in 2006, and will expand to at least four more highly endemic African countries in 2007, and at least five more in 2008. By 2010, the U.S. Government will provide an additional \$500 million per year for malaria prevention and treatment. This effort will eventually cover more than 175 million people in 15 or more of the most affected African countries.

The President makes this commitment as the U.S. contribution to a larger international effort needed to reduce the burden of malaria, and calls on other donors, foundations, public, private, and voluntary organizations to complement United States commitments by providing, by 2008, \$1.2 billion annually in additional funding. These complementary efforts could expand the initiative to reach 650 million total beneficiaries and control malaria in the most affected countries in Africa.

These results will be accomplished by helping national governments to achieve 85 percent coverage among vulnerable or high risk populations with proven and effective prevention and treatment interventions, and build on existing national strategies and programs. The initiative will support the efforts of the Global Fund, the World Bank, Roll Back Malaria, and other donors.

Magnitude of the Problem

Each year, an estimated 300-500 million malaria infections occur with 1.2 million deaths – 85 percent of these deaths occur in sub-Saharan Africa. Although malaria was successfully eliminated in many countries with temperate climates during the 1950s, it remains a major killer in Africa, increasing its toll during the late 1980s and 1990's due largely to the emergence of resistance to commonly used anti-malarial drugs. Today, malaria causes an estimated \$12 billion in economic losses each year in Africa, robbing 1.3 percent from the annual gross domestic product of endemic countries.

USAID's Commitment to Fighting Malaria

The U.S. Agency for International Development (USAID) has been a leader in the global effort to control malaria since the 1950s, and is the U.S. Government's lead agency for implementing malaria prevention and treatment programs leveling affected countries overseas. Between 1998 and 2005, USAID increased its annual commitment to fighting malaria around the world from \$22 million to \$89 million, most of which is targeted to African countries with the highest levels of transmission.

The USAID Approach

USAID is committed to reducing malaria around the world, in close collaboration with national and international partners. USAID uses a comprehensive strategy that combines prevention and treatment approaches, including interventions to reduce malaria among pregnant women. These approaches are proven to be effective in reducing

sickness and death from this disease, especially in Africa.

- **Prevention:** The most effective way to reduce deaths from malaria is to prevent infection in the first place, and the use of insecticides has been shown to be the single best tool for malaria prevention. Both insecticide-treated mosquito nets (ITNs) and indoor residual spraying (IRS) of insecticides in households are highly effective means of reducing malaria illness and deaths. USAID supports the use of spraying in settings where appropriate infrastructure is available to ensure that spraying is done safely and effectively. In the last year, USAID supported spraying programs in eight countries.
- USAID also works with national programs and private sector partners at the national level to expand use of insecticide-treated bed nets, and in several countries, to build the capacity of African suppliers to promote and distribute these nets. USAID also supports programs that offer free bed nets to the most vulnerable populations.
- **Treatment:** USAID has played a critical role in field-testing new drugs to treat malaria, including several treatments derived from *Artemisia annua*, a wormwood plant. Artemisinin-based combination therapies (ACT) are recommended by the World Health Organization for use against drug-resistant strains of malaria. USAID is also working closely with country partners to support the implementation of ACTs, which have been adopted by 40 countries since 2001 - including 20 African nations.
- **Malaria in Pregnancy:** Each year, more than 30 million pregnant women in Africa are at risk for malaria infections, which contribute to low birth weight and anemia, and cause between 100,000 and 200,000 infants annually in Africa. USAID works closely with country partners in Africa to encourage the adoption of strategies to prevent and treat malaria in pregnancy, including intermittent preventive treatment (IPT). IPT is a highly effective approach that integrates malaria treatment for the pregnant mother into routine antenatal care.
- **Research:** In addition to program implementation at the country level, approximately 10 percent of USAID's malaria budget is devoted to research, including malaria vaccine development, the development of new and improved antimalarial drugs, and operations research to improve the delivery of current prevention and treatment options.

Key Partners

- International and country-level: USAID's strategy for malaria control and prevention engages a wide array of partners, including governments, international organizations, non-governmental and faith-based organizations, and public and private entities. USAID also works closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria; host-country counterparts; and national malaria control programs to achieve rapid diagnosis and prompt, effective treatment.
- U.S. Government: USAID works closely with other U.S. Government agencies, particularly the Centers for Disease Control and Prevention for operations research and vaccine development, as well as the National Institutes of Health and Department of Defense for vaccine development.
- Private Sector: The private sector can play a key role in increasing the manufacture and delivery of key commodities for the prevention and treatment of malaria, and USAID supports the private sector as a complement to public sector delivery strategies. For example, through partnership with agricultural and pharmaceutical sectors in Africa, USAID is working to encourage greater cultivation of *Artemisia annua*, the plant used in artemisinin combination therapies (ACT).

Current Beneficiaries in Africa

USAID currently provides bilateral assistance for malaria control to Angola, Benin, Burundi, Democratic Republic of Congo, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, Sudan, Tanzania, Uganda, and Zambia.
